

Ease of communication facilitated HIV care engagement during the COVID-19 pandemic

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BACKGROUND

Care engagement is essential for people living with HIV to maintain antiretroviral medication adherence and ensure successful disease management. Given the disruptions to healthcare access caused by COVID-19 pandemic mitigation efforts, this qualitative study examines the care experiences of people living with HIV during the pandemic.

OBJECTIVE

Our goal was to identify barriers to and facilitators of care engagement among people living with HIV.

METHODS

We recruited 40 people living with HIV through a Medicaid managed care plan in New York City. Most participants were non-Hispanic Black or Hispanic/Latinx (50% and 28%, respectively); 55% were cisgender men, 25% were cisgender women, and 20% were transgender/nonbinary. Ages ranged from 23 to 64. We conducted semistructured phone interviews during the fall of 2023 regarding the pandemic's impact on care engagement, medication adherence, community program and service participation, and health and wellbeing. Interviews were analyzed using an inductive thematic approach. The study protocol was approved by the Institutional Review Board of The City University of New York. All reported names are pseudonyms.

Strong relationships, centralized care, and phone or video access appeared to reduce stress and disruption in health care.



CONCLUSIONS

Having strong connections to healthcare providers, centralized care, and communication options helped patients stay engaged in care despite the chaos resulting from the COVID-19 pandemic. These findings highlight ways to help maintain care engagement among people living with HIV even in times of social and public health crises and contribute to ending the epidemic goals.

KEY FINDINGS	EXAMPLE QUOTATIONS
Many participants reported appointment or prescription delays due to COVID-associated lockdowns, communication failures, or medication shortages.	<i>I had difficulty with getting my medications. I had difficulty with, you know, setting up appointments with the doctors. I had issues with the video phone call. ... And it was just like, everything was just haywire at that moment. —Alejandro, 32</i>
Disruptions were lessened when: <ul style="list-style-type: none"> • care was centralized • patient and provider had well-established relationships • telephone or video appointments were available. 	<p><i>I get my health care at my methadone maintenance clinic. I've been with them for like 25 years. ... They let all the clients know that they can go on video... and the pharmacist I was dealing with was able to deliver. So I pretty much didn't have too much of a trouble. —Fabienne, 61</i></p> <p><i>I called my doctor, my doctor stayed in touch with me. I didn't need no refills and stuff. He took care of all of that when I called him and stuff. So, I didn't have no problem. —Cecilia, 64</i></p> <p><i>My doctor is awesome. So, it was Zoom meetings. I would just email her and within a day, she'd email me back. —Seth, 54</i></p>
Difficulty communicating with providers caused frustration.	<i>They weren't answering the phone at one point. And there was a pretty detailed message about it, about why. But I didn't care for a more detailed message about it. I was already getting that message. I needed to set an appointment and I couldn't. —Henry, 53</i>
The shutdown of community programs for people living with HIV exacerbated communication disruptions.	<i>Support groups and stuff like that—there wasn't none. Everything went digital. ... It was either canned or went digital. ... That definitely affected me, just to have community. Just for the not feeling of aloneness, you know? ... It played more into me feeling alone. Because I already felt alone and then once the world went on lockdown, you know, it has made that realization feel more real. —Destiny, 32</i>

This research was supported by a grant from Gilead Sciences.